

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY

4201 Patterson Avenue
Baltimore, MD 21215-2299
(410) 764-4710 Fax (410) 358-2906

Attach passport
size photograph

**APPLICATION FOR LICENSURE BY
PARTIAL WAIVER OF EXAMINATION**

I hereby make application for licensure as an Optometrist and submit the following evidence of my qualifications for licensure **by partial waiver of examination.**

A photocopy of your current license from some U. S. jurisdiction must be attached to this application. Send application materials to the Board office.

Enclose a fee of \$300.00, check or money order. Staple check to this page. The fee is for filing the application and is not refundable. Do not submit check without application, photograph and all supporting documents.

1. I am a registered optometrist by examination in the State(s) of _____
License number (s) _____.

2. _____
First Name Middle Maiden Name Last Name

3. _____
Address

City State Zip Code

Home number Mobile number

Email address

4. Social Security Number _____ - _____ - _____

(Please note: Your Social Security Number is needed on the application. It will be used for identification purposes and will be released to the Department of Public Safety and Correctional Services to check for any criminal convictions).

5. _____
Date of Birth City and State

Partial Waiver

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6. Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes _____ No _____

(Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

Select one or more of the following racial categories:

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

_____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ Black or African American (A person having origins in any of the black racial groups of Africa.)

_____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

7. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)? If so, please explain:

8. If you are licensed in any other state insert your license number, date of issuance and state

License Number _____ Issue Date _____ State _____

Has this license ever been subject to disciplinary action? Yes _____ No _____

If yes, please explain: _____

Have you ever been denied a license in any state? If so, please explain: _____

Have you previously taken the Maryland Board Examination? Yes _____ No _____

Year _____

Partial Waiver

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9. Maryland requires passage of the NBEO Examinations, Part I, Basic Science; Part II, Clinical Science; and Part III, Patient Care; for licensure. Please indicate the dates you have taken or plan to take these examinations:

| <u>Examination</u> | <u>Dates</u> |
|-----------------------------|--------------|
| Basic Science | _____ |
| Clinical Science | _____ |
| Patient Management Problems | _____ |
| Clinical Skills | _____ |

An official copy of your scores on these examinations must be forwarded to the Board Office. Maryland accepts the NBEO minimum passing score on these examinations.

10. OPTOMETRY EDUCATION

School of Optometry

Location

Date of Graduation

A photostatic copy of proof of graduation from an optometric institution approved by the AOA council of Optometric Education must accompany this application.

11. Experience since graduation:

Name and location of institution

Date of Service

Partial Waiver

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12. A. Have you engaged in active practice immediately before applying for licensure?
(Active practice means practices optometry for at least 500 hours within 3 consecutive years)

Yes _____ No _____

If yes, please attach the active practice affidavit to the application. This notarized affidavit may be completed by a colleague, employer, business associate, etc.

B. Exemption from 3 year direct patient care requirement:

Please indicate if during the 3 years prior to this application you have been actively engaged in one of the following:

1. _____ teaching optometry
2. _____ military optometrist
3. _____ supervisor or administrative optometrist
4. _____ research optometrist

If yes, please attach a letter or other document verifying this to the application. (This may be a notarized letter from a colleague, business associate, employer, etc., or other documents which substantiate that you have been engaged in one of the above for 3 years prior to this application.)

Forward the attached Licensure Affidavit to the licensure boards in each state in which you are now licensed or have been licensed. The other state board is to return the affidavit directly to the Maryland Board of Optometry. You may reproduce this form if necessary.

14. **Continuing Education.** Do the states in which you now hold licensure require continuing education as a requirement for license renewal Yes____ No____.
If yes, number of hours per year _____.

A letter from your licensing board requiring continuing education must accompany this application to substantiate the hours you have earned in the past 3 years. If your present state board **does not** require continuing education hours, you must submit documentation of continuing education hours equivalent to the exact number of hours of a Maryland practitioner for the last 3 years, i.e. total 54 hours.

Partial Waiver Application
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Signature

Date

AFFIDAVIT
STATE OF
COUNTY OF

Before the undersigned, a Notary Public for the County and State aforesaid,
on the _____ day of _____ personally
appeared

_____ who being first duly sworn, says that
Applicant's name

he/she is the person referred to in, and who signed the foregoing application for licensure as an
Optometrist in the State of Maryland; that the facts and statements therein contained are true to the
best of his/her knowledge and belief.

Notary Public

My commission expires _____

SEAL

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY
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VERIFICATION OF LICENSURE FORM

INSTRUCTIONS TO APPLICANT:

Please fill out **only the top portion** of this form and send it to the state board(s) in which you are now licensed or have ever been licensed (Note: Fee may be applicable).

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

Social Security No _____ - _____ - _____ Date of Birth _____ - _____ - _____

I (print) _____ hereby authorize the (State)

_____ Board to release

information regarding my License No _____ as a (n) _____ (Professional)

directly to the Maryland State Board of Examiners in Optometry at the address on this letterhead.

Signature

FOR VERIFYING BOARD USE ONLY
VERIFICATION OF STATE LICENSURE

A. (State Board) _____

B. Licensee's Name as it appears on your records _____

C. License No _____ **Initial Issue Date** _____ / _____ / _____

D. License Expiration Date _____ / _____ / _____; If license has lapsed, Date _____ / _____ / _____

E. Licensure By (Please check applicable item and supply information requested):

| | | |
|------------------------------------|----------------|-------------|
| <input type="checkbox"/> NBEO Exam | Part I _____ | Score _____ |
| | Part II _____ | Score _____ |
| | Part III _____ | Score _____ |
| | TMOD _____ | Score _____ |

☐ State Exam. Date of Exam: _____ / _____ / _____ Describe: _____

☐ Reciprocity or ☐ Endorsement. From which State or Jurisdiction? _____

☐ Other. Please explain. _____

F. Continuing Education

a. Is mandatory continuing education required for license renewal? ☐ YES ☐ NO

b. If yes, what is the number of hours required annually? _____

G. Licensure Status

a. What type of optometry license does this optometrists hold in your state

☐ BASIC ☐ DIAGNOSTIC ☐ THERAPEUTIC

b. Is this license current and in good standings? ☐ YES ☐ NO

Please Explain _____

H. Disciplinary Action

a. Has your state ever taken any disciplinary action against this licensee's license?

☐ YES ☐ NO

b. If yes, briefly explain the final action taken, the date executed, and **provide a copy** of the Settlement Agreement, Decision and Order, or Stipulation and Order in the matter.

I. List Attachments for Item H

Signature: _____

Print Name: _____

Title: _____

State Board: _____

Address: _____

Phone No. (_____) _____ - _____

Date: ____/____/____

State Seal